

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/589000

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/	/	/	/		
3		/		/		
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5		/		/		
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7	/		/			
8		2	/	/		
9		2		/		
10		2		/		
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24		/		/		
25		3		/		
26		1		/		
27		1		/		
28	/		/			
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39	/		/			
40	/		/			
41	/		/			
42		3		/		
43		3		/		
44		1		/		
45		0		/		
46						
47						
48						
49						
50						
TOTAL IND.		↓	20	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						